

<input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd Del. Day Day of Delivery		\$ Postage	
PO ZIP Code			
ORIGIN (POSTAL SERVICE USE ONLY)			
Mo.	Day	Mo.	Day
<input type="checkbox"/> AM <input type="checkbox"/> PM	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Time
Delivery Attempt		Delivery Attempt	
Employee Signature		Employee Signature	
DELIVERY (POSTAL SERVICE USE ONLY)			
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CONTENTS:	
PTO Transmittal Form (1390) – 3 pgs Oath/decl (PTO/SB/01A) – 1 pg Power of Attorney (PTO/SB/81) – 1pg PTO-2038 Payment via CC ... 8386 \$255 IDS cover sheet 2 pgs, PTO.SB/08A&B – 2 pgs, references 76 pgs English translation of ap – 24 pgs Preliminary Amendment – 5 pgs International Search Report – 13 pgs Application Data Sheet – 8 pgs Amendments during PCT in German and English – 4 pgs This return receipt postcard – 1 postcard Express Mail Post Office to Addressee Certificate of Mailing with a copy of this Postcard – 1 pg	

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